

LDL- \_\_\_\_\_  
(INTERNAL USE)



## LIMITED DURATION LICENSE APPLICATION (LDL)

Currently Licensed Activity

Event Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

### Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Activity Information

Address of Activity: \_\_\_\_\_

Currently Licensed? ☐ Yes ☐ No

License Number: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Type of Operation: \_\_\_\_\_

Dates of Operation: Open: \_\_\_\_\_ Close: \_\_\_\_\_

Hours of Operation: Open: \_\_\_\_\_ Close: \_\_\_\_\_

# of Carts: \_\_\_\_\_

# of Employees: \_\_\_\_\_

List of Employees: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By submitting this application, I agree to release, indemnify, and hold harmless the City of Indianapolis from any liability or claim of damage related to activities identified herein whether caused by negligence of the City or otherwise. I affirm, under the penalties of perjury, that the foregoing representations are true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department of Code Enforcement | Business Licensing

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